

216020569  
99388

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

|  |  |                                   |                                    |   |  |  |   |
|--|--|-----------------------------------|------------------------------------|---|--|--|---|
| 2  | Total Number of Vehicles   | Local No./ District 46            | Agency Case No. B6-044124          | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO   | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO                                    | L 1  |   |
| A/1  | DATE OF ACCIDENT   | M M / D D / Y Y Y Y<br>05/20/2016 |                                    | S M T W TH F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | STATE USE ONLY<br><br>05/20/2016                                       |   |
| A/2  | PLACE OF ACCIDENT  | COUNTY Lancaster                  | CITY Lincoln                       | TIME OF ACCIDENT 1258   | POLICE NOTIFIED 1259   |  |   |
| B  | ROAD ON WHICH ACCIDENT OCCURRED  | STREET/ HIGHWAY NO. HOLDREGE      |                                    | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO   | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO  |  |   |
| C  | DISTANCE FROM MILEPOST   | FEET                              | N S E W OF MILEPOST                | HIGHWAY NO.   |  |  |   |
| D  | IF AT INTERSECTION<br>NAME OF INTERSECTING ROADWAY                       |                                   |                                    |   |  |  | IF NOT AT INTERSECTION<br>X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING |
| V1/M   | 50.00  |                                   |                                    |   |  |  | 69TH  |
| V2/M   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |                                   |                                    |   |  |  |   |
| E  | R. WORK ZONE CODES   | R1 R2 R3 R4                       | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b   | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |  |   |
| F  | VEHICLE NO. 1  |                                   |                                    |   |  |  |   |
| V1/N   | DRIVER LICENSE NO.   | B5087372                          |                                    | STATE (Of License)  | CA   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |   |
| V2/N   | DRIVER   | MICHAEL OLIVARES                  |                                    | PHONE   | 8589225849   |  |   |
| G  | DRIVER ADDRESS   | CITY, STATE, ZIP                  |                                    | DATE OF BIRTH (MM / DD / YYYY)  | 01/21/1975   |  |   |
| H  | OWNER  | BRADLEY J SCHILTZ                 |                                    | PHONE   | 4024992869   |  |   |
| I  | OWNER ADDRESS  | CITY, STATE, ZIP                  |                                    | CITATION  | <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO                                      |  |   |
| J  | LICENSE PLATE PA NO.   | TGX887                            |                                    | YEAR (Plate Expires)  | 2016   | STATE (Of Plate) NE  |   |
| K  | VEHICLE  | YEAR                              | MAKE                               | MODEL   | BODY STYLE   | COLOR  |   |
| L  | 2011   | Nissan                            | MSL                                | Medium/large  | black  | ESTIMATED DAMAGE<br><input type="radio"/> TOALED \$ 500                |   |
| M  | VEHICLE ID NO. (VIN)   | JN8AZ1MW9BW177164                 |                                    | INSURANCE COMPANY   | ALL STATE  |  |   |
| N  | TOWED TO   | TOWED BY                          |                                    | POLICY NO.  | 985407717  |  |   |
| O  | VEHICLE NO. 2  |                                   |                                    |   |  |  |   |
| P  | DRIVER LICENSE NO.   | G02147376                         |                                    | STATE (Of License)  | NE   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |   |
| Q  | DRIVER   | IVAN L CRANDELL                   |                                    | PHONE   | 4024667154   |  |   |
| R  | DRIVER ADDRESS   | CITY, STATE, ZIP                  |                                    | DATE OF BIRTH (MM / DD / YYYY)  | 09/13/1940   |  |   |
| S  | OWNER  | IVAN CRANDELL                     |                                    | PHONE   | 4024667154   |  |   |
| T  | OWNER ADDRESS  | CITY, STATE, ZIP                  |                                    | CITATION  | <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO                                      |  |   |
| U  | LICENSE PLATE PA NO.   | SBS301                            |                                    | YEAR (Plate Expires)  | 2016   | STATE (Of Plate) NE  |   |
| V  | VEHICLE  | YEAR                              | MAKE                               | MODEL   | BODY STYLE   | COLOR  |   |
| W  | 2013   | Chevrolet                         | IMT                                | 4 door Sedan  | silver / chrome  | ESTIMATED DAMAGE<br><input type="radio"/> TOALED \$ 4000               |   |
| X  | VEHICLE ID NO. (VIN)   | 2G1WG5E39D1166963                 |                                    | INSURANCE COMPANY   | TRAVELERS  |  |   |
| Y  | TOWED TO   | TOWED BY                          |                                    | POLICY NO.  | 9922527552031  |  |   |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |  |                                   |                                    |   |  |  |   |
| VEH. #   | NAME   | ADDRESS                           |                                    | DATE OF BIRTH (MM / DD / YYYY)  | 1<br>Seat Position   | 2<br>Eject   |   |
|  | LOCAL NO.  | MEDICAL FACILITY NAME             |                                    | EMS SERVICE NAME  | 3<br>Body Region   | 4<br>Injury Sev.   |   |
|  |  |                                   |                                    |   | 5<br>Trans.  | SEX<br>M F   |   |
| VEH. #   | NAME   | ADDRESS                           |                                    |   |  |  |   |
|  | LOCAL NO.  | MEDICAL FACILITY NAME             |                                    | EMS SERVICE NAME  |  |  |   |
|  |  |                                   |                                    |   |  |  |   |
| VEH. #   | NAME   | ADDRESS                           |                                    |   |  |  |   |
|  | LOCAL NO.  | MEDICAL FACILITY NAME             |                                    | EMS SERVICE NAME  |  |  |   |
|  |  |                                   |                                    |   |  |  |   |

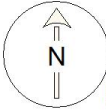
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044124**

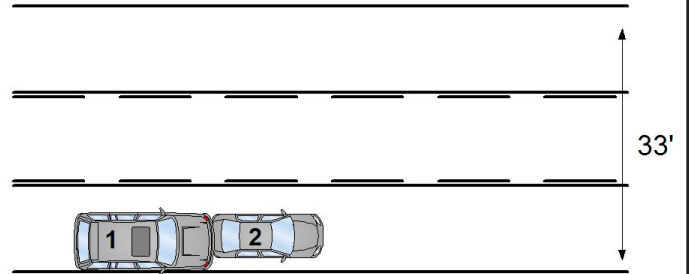


Indicate  
North  
by Arrow



**NOT TO SCALE**  
**BOTH VEHICLES MOVED PRIOR TO ARRIVAL**  
**APOI: 50' E OF E CURB OF 69TH**  
**8' N OF S CURB OF HOLDREGE**

TO 69TH      TO 70TH



**HOLDREGE**

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V-2 was east bound on Holdrege from 69th to 70th. V-2 slowed down for traffic ahead. V-1 was east bound on Holdrege from 69 to 70th. V-1 could not get stopped in time and collided with V-2.

|                  |                |            |         |       |                              |
|------------------|----------------|------------|---------|-------|------------------------------|
| <b>PROPERTY</b>  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
|                  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
| <b>WITNESSES</b> | NAME           |            |         |       | PHONE                        |
|                  | NAME           |            |         |       | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION |    |   |   | POINT OF IMPACT AND MOST DAMAGED AREA<br><i>(Enter numbers for each vehicle)</i> |                               |                      |    | AIRBAG DEPLOYED VEHICLE 1 |    | RESTRAINT USE VEHICLE 1 |  | TOTAL OCCUPANTS |  |  |  |
|-----------------------------------|----|---|---|--|-------------------------------|----------------------|----|---------------------------|----|-------------------------|--|-----------------|--|--|--|
| VEH NO.                           | N  | S | E | W  | ROAD OR HIGHWAY NAME          |                      |    |                           |    |                         |  |                 |  |  |  |
| 1                                 |    |   | X |  | HOLDREGE                      |                      |    |                           |    |                         |  |                 |  |  |  |
| 2                                 |    |   | X |  | HOLDREGE                      |                      |    |                           |    |                         |  |                 |  |  |  |
| 1                                 | 01 |   |   |  | 06 Turning left               | POINT OF IMPACT      | 01 | POINT OF IMPACT           | 05 |                         |  |                 |  |  |  |
| 2                                 | 11 |   |   |  | 08 Entering traffic lane      | MOST DAMAGED AREA    | 01 | MOST DAMAGED AREA         | 05 |                         |  |                 |  |  |  |
|                                   |    |   |   |  | 01 Essentially straight ahead | 00 None              |    | 02                        |    | 03                      |  | 04              |  |  |  |
|                                   |    |   |   |  | 02 Backing                    | 09 Top & windows     |    | 01                        |    | 05                      |  | 06              |  |  |  |
|                                   |    |   |   |  | 03 Changing lanes             | 10 Undercarriage     |    | 08                        |    | 07                      |  | 06              |  |  |  |
|                                   |    |   |   |  | 04 Overtaking/Passing         | 11 Total (all areas) |    |                           |    |                         |  |                 |  |  |  |
|                                   |    |   |   |  | 05 Turning right              | 12 Other             |    |                           |    |                         |  |                 |  |  |  |
|                                   |    |   |   |  | 13 Unknown                    |                      |    |                           |    |                         |  |                 |  |  |  |

|  |                             |   |  |
|--|-----------------------------|---|--|
| OFFICER NO.<br><b>1391</b>                               | TROOP/TEAM/BEAT<br><b>3</b> | DEPARTMENT<br><b>Lincoln Police Department</b>                    | Photographs taken?<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type)<br><b>Frank Foster</b> |                             | INVESTIGATOR SIGNATURE<br><b>Approved by Officer Frank Foster</b> | DATE OF REPORT<br><b>05/20/2016</b>  |